

Experiences and perceptions using the Waterlow pressure ulcer risk assessment tool: A community care perspective

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Introduction

- The pressure ulcer risk assessment tool plays a pivotal role guiding a patient's care pathway and quality of care^[1].
- Especially when considering, clinicians' actions not only impact patient treatment, they profoundly influence patterns of care and allocation of resources^[2].
- Assessment tools need to produce the same or similar results i.e. are sensitivity accurate when different clinicians assess the same patient^[3] and direct preventative and management resources appropriately.
- The Waterlow pressure ulcer assessment tool was the tool of choice across the Trust.
- Using a **qualitative human-factor focused approach**, evaluation of the clinical practices associated with the Waterlow Pressure Ulcer Risk Assessment Tool^[4] across the organisation were explored.

Methods

- A **Qualitative Survey** was developed specifically for the evaluation Experiences of Using the Waterlow Pressure Ulcer Risk Assessment Tool Questionnaire (EUWT-Q).
- Questions aimed to capture experiences and perceptions of clinical practice surrounding Waterlow.
- Comprised Nine open and closed questions and free expression.
- A panel of Expert Healthcare Professionals employed within the Trust reviewed and piloted the EUWT-Q.
- A purposive sample of 79 community care clinicians employed across the Trust in varying roles, and users of Waterlow within daily clinical practice. **Response rate 74% (n=59)**.
- Inductively informed, analysis adhered principles of **Thematic Analysis**^[5]. Themes strongly linked to language, concepts and relationships of meaning.

Results Predominantly, respondents were Community Nurses 64% (n=38) and well experienced, 42% (n=25) had more than 15-years' experience using Waterlow.

Two key themes emerged, and, when considered together, comprehensively reflect **experiences and perceptions of clinical practice surrounding Waterlow use**

Decision-Making Confidence

Seemingly, clinician's feel little confidence that Waterlow adequately supports clinical decision-making. For some Waterlow was considered **"...positive for identifying the potential risk"** (CN0560). A stronger picture of difficulties interpreting 'grey area's'^[5] emerged, that highlighted lost decision-making confidence and need for peer support surrounding Waterlow completion.

"Lots of phrases around the office by staff saying "would you score 'x' for neurological? or would you class 'x' as an organ failure?"" (CN6027)

Clinical strategies had evolved that were perceived as stemming from Trust imposed dictation, that was directly related to a propensity for Waterlow, to over predict risk and trigger inappropriate or unnecessary equipment prescription for some patients. This, in turn, influenced the working culture, and seemingly eroded clinical decision-making confidence, by creating barriers surrounding autonomy to act in accordance with one's professional knowledgebase. Thus, patterns of defensive nursing had become established.

"... [the zero PU agenda] created an environment of fear which has created a need to over prescribe pressure preventative equipment to those patients scoring high but who do not necessarily require the equipment. This has become acceptable practice to prevent avoidable pressure damage..." (CN1535).

Defensively Nursing

Clinician's narratives exposed incongruence between professional philosophy's and actions revealing frustration surrounding the use of Waterlow. A fearful, consciously led, move toward defensive, care strategies, where,

"clinicians focus on the score rather than the needs of the patient" (NS1112)

rather than, foremost, in patient interest, had seemingly developed as a self-protective response to Trust imposed ramifications, should patients develop pressure damage. As such, a perception of pressure to prescribe pressure relieving equipment had developed. Therefore, more, and higher-grade equipment was being prescribed even when contradicting clinical judgement. Clinicians were aware their clinical strategies were counterintuitive and directly linked to defensive nursing. As such, there were outright requests to

"please replace [Waterlow] as soon as possible" (NS1558).

Discussion & Conclusions

It seems counter-intuitive that a defensive nursing strategy built on risk overestimation and over prescription of pressure relieving equipment has not resulted in the elimination of avoidable pressure ulcers. The solution to eradicating avoidable pressure ulcers is, therefore, more complex than one of more pressure preventative equipment.

- Findings indicate that some clinicians perceive the use of Waterlow as assisting identification of risk factors. However, the use of Waterlow has seemingly influenced costly working practices. Costly in terms of diminishing workforce confidence, and costly in terms of the funds potentially being allocated to forms of pressure ulcer management that are not necessarily appropriate at the time of prescription.
- The findings are strongly relevant to clinical practice, and highlight there is potential for cost savings through improving allocation of resources.
- Findings providing evidence to support quality improvement innovation.

References

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